

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17237

State File No. _____

Registrar's No. 132

FILED JUN 12 1943

Registration District No. _____

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(c) Name of hospital or institution: 615 N. Franklin
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Most of life years, months or days)

3. (a) PRINT FULL NAME Effie Jane Mudd

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Mudd 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 15 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Downing Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joe Pickens
13. Birthplace Schuvler Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Morehead
15. Birthplace Schuvler Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Marv Phillips
(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 5/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director B. E. Ruler
(b) Address Kirkville, Mo.

19. (a) 5/12/43 (b) Dr. L. Wayne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 615 N. Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1943 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from April 1
_____, 1943, to May 6, 1943
that I last saw her alive on May 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Uterus about
with associated hemorrhage 12 years

Due to Patient had been treated
at Ellis Fischel Hospital
with deep x-ray but no surgery

Other conditions performed
(Include pregnancy within 3 months of death)

Major findings:
Of operations 488

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. L. Wayne (M. D. or other) Dr.
Address Kirkville, Mo. Date signed 5/12/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-43-1087

Date Filed JUN 11 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.